

APPLICATION
PROCESSING

New this year...
You are required to complete a phone/
email interview. You will be contacted
to complete the phone/email interview.
Please make sure you provide a valid
phone number and/or email address.

Incomplete applications will delay the
process.

If you have any questions regarding your
application or change preschools during the
school year, please let us know.

Scholarship applications are accepted
throughout the year, **IF FUNDING IS
AVAILABLE**

Please send completed
applications to:

Child Care Resource and Referral
Allison Office
101 Cherry Street
Allison, Iowa 50602
319.267.2644
1.877.635.9455
jdralle@netins.net

Preschool
Scholarship

S
(July 1, 2014 – June 30, 2015)



Provided by:
Together 4 Families
Bremer, Butler, Franklin
and Grundy County Early
Childhood Iowa Area

Preschool
Scholarships
(for children ages 3 through 5)

IF FUNDING IS AVAILABLE, there will be
preschool assistance available for up to \$100 per
month / per school year/ per child. The preschool
provider will submit a request for payment for
preschool tuition for FY 15. The preschool tuition
payment is paid directly to the preschool program.
You are responsible for any remaining amount
due.

ELIGIBILITY

TO QUALIFY FOR PRESCHOOL
ASSISTANCE YOU MUST:

- Use a regulated preschool provider
participating in the Iowa Quality Rating
System
- Be a resident or reside in a school district of
Bremer, Butler, Franklin or Grundy County
- Have a child or children age 3 to 5 years old
- Not be eligible for kindergarten, Head Start, or
Statewide Voluntary 4 Year old Preschool
Program
- Have a gross family income that falls under
the income guidelines (See the “Income
Guidelines” chart)
- Pay each month your remaining preschool
costs not covered by this scholarship

INCOME GUIDELINES:

To know if you meet financial requirements, please
look for the number of members in your family and
the corresponding gross annual income (income
before deductions or taxes) in the chart below.

Federal Income Guidelines	
Family Size	Gross Annual Income
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180

Your family’s total gross income must be the same
or less than the income indicated.

EARLY CHILDHOOD IOWA PRESCHOOL SCHOLARSHIP APPLICATION (July 1, 2014 – June

Children in Need of Preschool, Ages 3-5

NAME OF CHILD First-Middle Initial-Last Name (Only those 3-5)	Date of Birth	Age of Child at Start of School Year (Years)	Child Has Health Insurance (Yes/No)

Please Fill in the Blanks

Who is/will be your preschool provider?

Provider Address: _____

City: _____ State: _____

Zip: _____ Phone: ____ - ____ - ____

Cost per month: \$ _____

of days your child will attend preschool per week: _____

of hours attending per day: _____

of months you are requesting funding for _____ (not beyond June 30, 2015)

Parent/Guardian/s in Household:

Name: Last: _____ First: _____ Middle Initial: _____ Address: _____

Name: Last: _____ First: _____ Middle Initial: _____ City: _____ Zip: _____

State: _____ County of Residence: _____ Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____

Cell Phone: ____ - ____ - ____ # of people in your household? _____ Email Address: _____

Income Verification: Submit a copy of the last 1 month of pay stubs, or most current tax return, or employer's statement of income on letterhead, or self-employment records, or child support verification, for each source of income.

Name of Person with Income	Source of Income	How often Received? (weekly, bi-weekly, monthly)	Amount Received Per Year

Please Circle Your Response and Fill in the Blanks

Are you receiving WIC, Medicaid, or Free/ Reduced School Lunch? Yes No

Have you contacted or applied for Headstart /Statewide Voluntary

4-Year-Old Preschool program/kindergarten? Yes No

Will your child be attending Head Start or the Statewide Voluntary

4-Year-Old Preschool Program? Yes No

School District your residence is in: _____

Release of Information

I, _____, at _____, hereby release any-and-all necessary, requested information to _____

(Name) (Address)
Child Care Resource and Referral of Northeast Iowa and/or its agent or designee, from the following agencies and organizations including: Iowa Department of Human Services, Iowa Workforce Development, any training or educational program in which the applicant is involved, and any childcare or preschool program in which the applicant is currently enrolled. The Together 4 Families Early Childhood Iowa Area also has my express authorization to share any necessary information with the above agencies. I understand that this information may be requested throughout the current year and this release shall expire one year from the date of my signature hereto.

(Signature)

(Date)



Be sure to include proof of all income for income verification